

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Coleman	Ruth	G.	(916) 653.8380
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE
1416 9th Street	Sacramento	CA	95814
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Department of Parks and Recreation

Division, Board, District, if applicable:

Executive Office

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Please See attached page 3

Position: Please see attached page 3

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03.25.2010
(month, day, year)

Original Signed by
Signature Ruth Coleman
(File the originally signed statement with your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Director Ruth Coleman
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► NAME OF SOURCE
 California State Parks Foundation (CSPF)
 ADDRESS (Business Address Acceptable)
 50 Francisco St #110, San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Not-for-Profit Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 09	\$ 22.72	food/beverage
01 / 14 / 09	\$ 18.80	food/beverage
01 / 29 / 09	\$ 28.73	food/beverage

► NAME OF SOURCE
 CSPF
 ADDRESS (Business Address Acceptable)
 same as above
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 same as above

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 09	\$ 25.06	food/beverage
04 / 10 / 09	\$ 57.22	food/beverage
05 / 04 / 09	\$ 83.42	food/beverage

► NAME OF SOURCE
 CSPF
 ADDRESS (Business Address Acceptable)
 same as above
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 same as above

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 20 / 09	\$ 20.00	food/beverage
10 / 02 / 09	\$ 50.72	food/beverage
12 / 17 / 09	\$ 5.55	food/beverage

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____



Director
Department of Parks and Recreation

- Reporting to the Governor, under the auspices of the Secretary, Natural Resources Agency, the Director, Department of Parks and Recreation is responsible for implementing the mission of the department through the adoption of policies and regulations and through program development. Primary duties are as follows:
- Has responsibility for the planning, acquisition, development, operation, maintenance, and interpretation of the 3000-employee State Park System consisting of 278 park units and 8 units within the Off-Highway Motor Vehicle Division.
- Is the key staff officer and spokesperson for the Governor on matters relating to statewide outdoor recreation.
- Must creatively develop, channel, and accomplish new and redesigned programs with political, economic, and policy implications.
- Delivers major policy speeches, and appears before legislative committees and at various regular and special public meetings and hearings; participates in the National Association of State Outdoor Recreation Liaison Officers, National Recreation Parks Association, California Parks and Recreation Society; and was recently elected the Vice President of the National Association of State Park Directors.
- Contacts representatives of organized groups, and legislative and governmental officials at federal, state, and local levels.
- Is the liaison and Secretary of the State Park and Recreation Commission, Historic Preservation Commission, Off-Highway Vehicle Commission, and coordinates the activities of the Recreation and Trails Committee.
- Ex-Officio Baldwin Hills Conservancy Board
- Ex-Officio The California Indian Cultural Center and Museum Task Force, (CICCM)
- Ex-Officio San Gabriel & Lower Los Angeles Rivers and Mountains Conservancy Board
- Ex-Officio Santa Monica Bay Restoration Commission